

CYO Screening

COVID-19 Screening Questionnaire

In order to continue providing the safest environment possible for our players and staff this season, we ask that you fill out the below survey with information about yourself and your child prior to attending the CYO practices and games **EVERY WEEK**. Your child will not be allowed to play prior to completing this form.

We will not permit anyone to play who answers yes to the below questions or has been to a state with positive COVID-19 testing rates exceeding 10 per 100,000 residents or higher than a 10% test positivity rate in order to comply with current executive orders.

Child's Name: _____ Age: _____

1. Has your child or anyone else in your household been outside of the country in the last 14 days?

Yes () No ()

2. Has your child or anyone else in your household had close contact with anyone, who has been diagnosed with or had suspected symptoms of COVID-19 in the last 14 days?

Yes () No ()

3. Has your child or anyone in your household experienced any cold or flu like symptoms or tested positive for COVID-19 in the last 14 days?

Yes () No ()

4. Has your child or anyone else in your household been outside the state of New York in the last 14 days?

Yes () No ()

If yes, what state? _____

Parent Signature

Date

Cell phone number: _____

Email address: _____

Perrotta Consulting LLC

Thank you

